

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU4692USwFirst Names Inventor:
JONES**Complete if known:**
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS OF USING FARNESOID X RECEPTOR (FXR) AGONISTS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number **PCT/US03/08634** / _____ filed **March 19, 2003** and was amended on (MM/DD/YYYY)
_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

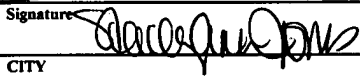
PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/366,463 ✓	03/21/2002 ✓	
2.		
3.		

DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4692USw
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
			STATUS (Check one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith <u>Customer Number 23347 and Customer Number 20462</u></p>				
<p>Address all correspondence and telephone calls to <u>Customer Number 23347</u> <u>David J. Levy</u> <u>Corporate Intellectual Property</u> <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u> <u>Research Triangle Park, NC 27709-3398</u></p>			<p>Direct Telephone Calls to: <u>David J. Levy</u> <u>919-483-2370</u></p>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
1-002 0	FULL NAME OF INVENTOR	FAMILY NAME JONES	FIRST GIVEN NAME Stacey	SECOND GIVEN NAME/INITIAL Ann
	INVENTOR'S SIGNATURE	Signature 		Date: 2 MAY, 2003
	RESIDENCE & CITIZENSHIP	CITY Durham NC	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
0	FULL NAME OF INVENTOR	FAMILY NAME KLIEWER	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Dallas	STATE OR FOREIGN COUNTRY TX	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3453 Potomac Avenue	CITY Dallas	STATE & ZIP CODE/COUNTRY Texas 75205, US
0	FULL NAME OF INVENTOR	FAMILY NAME MANSFIELD	FIRST GIVEN NAME Traci	SECOND GIVEN NAME/INITIAL Ann
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY New Haven	STATE OR FOREIGN COUNTRY CT	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Curagen Corporation 555 Long Wharf Drive	CITY New Haven	STATE & ZIP CODE/COUNTRY Connecticut 06515, US

Rec'd PCT/PTO 09 SEP 2004
10/507082**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU4692USwFirst Names Inventor:
JONESComplete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS OF USING FARNESOID X RECEPTOR (FXR) AGONISTS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number **PCT/ US03/08634** ✓ filed March 19, 2003 and was amended on (MM/DD/YYYY)
_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/366,463 ✓	03/21/2002 ✓	
2.		
3.		

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU4692USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
			PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

David J. Levy
919-483-2370

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME JONES	FIRST GIVEN NAME Stacey	SECOND GIVEN NAME/INITIAL Ann
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2-00 0 2	FULL NAME OF INVENTOR	FAMILY NAME KLIEWER	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature <i>Steven A. Kliewer</i>		Date: 5/5/03
	RESIDENCE & CITIZENSHIP	CITY Dallas TX	STATE OR FOREIGN COUNTRY TX	COUNTRY OF CITIZENSHIP US ✓
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3453 Potomac Avenue	CITY Dallas	STATE & ZIP CODE/COUNTRY Texas 75205, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME MANSFIELD	FIRST GIVEN NAME Traci	SECOND GIVEN NAME/INITIAL Ann
	INVENTOR'S SIGNATURE	Signature		Date
	RESIDENCE & CITIZENSHIP	CITY New Haven	STATE OR FOREIGN COUNTRY CT	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Curagen Corporation 555 Long Wharf Drive	CITY New Haven	STATE & ZIP CODE/COUNTRY Connecticut 06515, US

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU4692USwFirst Names Inventor:
JONESComplete if known:
App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
- () Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS OF USING FARNESOID X RECEPTOR (FXR) AGONISTS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number **PCT/ US03/08634** ✓ filed March 19, 2003 and was amended on (MM/DD/YYYY)
_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/366,463 ✓	03/21/2002 ✓	
2.		
3.		

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY**

Continued

ATTORNEY'S DOCKET NUMBER
PU4692USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

David J. Levy
919-483-2370

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME JONES	FIRST GIVEN NAME Stacey	SECOND GIVEN NAME/INITIAL Ann
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME KLIEWER	FIRST GIVEN NAME Steven	SECOND GIVEN NAME/INITIAL Anthony
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Dallas	STATE OR FOREIGN COUNTRY TX	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3453 Potomac Avenue	CITY Dallas	STATE & ZIP CODE/COUNTRY Texas 75205, US
3-00 0 3	FULL NAME OF INVENTOR	FAMILY NAME MANSFIELD	FIRST GIVEN NAME Traci	SECOND GIVEN NAME/INITIAL Ann
	INVENTOR'S SIGNATURE	Signature <i>Tari A. Mansfield</i>		Date <i>5/5/03</i>
	RESIDENCE & CITIZENSHIP	CITY New Haven CT	STATE OR FOREIGN COUNTRY CT	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS C/o Curagen Corporation 555 Long Wharf Drive	CITY New Haven	STATE & ZIP CODE/COUNTRY Connecticut 06511, US TM